NH Public Utilities Commission

REC Aggregator Portal

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New Users CLICK HERE to setup your account for this form. Creating an account enables you to partially complete the form and return later to finish it or to make changes after the form is submitted. Be sure to create your account BEFORE entering information into the form, or the information will be lost.

Existing Users CLICK HERE
Basic Information
Who is submitting this request?
Aggregator
Aggregator Batch Number
KE042716
Are you registered in NH
YesNo
Aggregator name
Knollwood Energy - 14625
NH Reg #
Aggregator Email
karenton@knollwoodenergy.com
Other Aggregator name
Other aggregator email address
Facility Name
Weenie Heads LLC
Facility Owner Name
Hulya Celebi Ayan

Facility Owner email
drsam@infinitehealth.biz
Owner Phone
603-753-4455
Facility Address
1 Fisher Avenue
Facility Town/City
Boscawen
Facility State
NH
Facility Zip
03303
Is the facility address the same as the owner's mailing address O Yes No Mailing Address
PO Box 8508
PO BOX 6300
Mailing Town/City
Penaacook
Mailing State
NH
Mailing Zip
03303
Primary Contact
Karen Tenneson
Primary Contact
Facility Primary Contact
karenton@knollwoodenergy.com

Other Email Address
Facility Information
Class
Utility
Unitil
Other Utility Name
To obtain a GIS ID contact:
James Webb
408 517 2174
jwebb@apx.com
GIS ID (include "NON")
NON75105
Date of Initial Operation
12/15/2015
Facility Operator Name, if applicable
Panel Make #1
Solarworld
Panel Model
SW 285
Panel Quantity
56
Panel Rated Output
285

More Panel types?

No Yes
Panel Make #2
Panel Model
Panel Quantity
Tallel Quantity
Panel Rated Output
More Panel types?
NoYes
Panel Make #3
Tarior Make #0
Panel Model
Panel Quantity
Panel Rated Output
System capacity based on panels
15960
Invertor Quantity
Inverter Quantity 56
Inverter Make
Enphase Energy
Add'l Inverter Quantity
NA
Additional Inverter Make
None

Rated Output - Primary Inverter
250
Rated Output - Additional Inverter
System capacity based on single inverter make
14000
System capacity based on two inverter types
System capacity in kW as stated on the interconnection agreement
15.96
Revenue Grade Meter Make
Irton Centron
Their centrem
Was this facility installed directly by the customer (no electrician involved)?
O Yes No
Electrician Name & Number
Other
Other Electrician Name & Number
Richard Boddie 10770M
Installation Company
Sun Dial Solar
Sun Diai Sulai
Other Installation Company Name
Other Inst. Company Address
Other Inst. Company City
Cure mat. Company Oity
Other Inst. Company State

Other Inst. Company Zip
Independent Monitor Name & Company
Paul Button - Energy Audits Unlimited
Other Monitor Name and Company
Is the installer also the equipment supplier?
YesNo
Equipment Vendor
Please attach your completed interconnection agreement including Exhibit B.
https://fs30.formsite.com/jan1947/files/f-5-99-6653978_HcrWV66n_Weenie_Heads_COC.pdf
The project described in this application will meet the metering requirements of PUC 2506 including:
Electricity generation in megawatt hours shall be reported to the GIS quarterly with a statement that the submission is accurate by the owner of the source, the independent monitor or a designated representative.
A revenue quality meter is used to measure the electricity generated.

The facility owner has certified to the independent monitor that the meter operates according to manufacturing standards.

The meter shall be maintained according to the manufacturer's recommendations.

The project is installed and operating in conformance with applicable building codes.

A copy of the facility's interconnection agreement is attached.

Please attach additional document here

https://fs30.formsite.com/jan1947/files/f-5-168-6653978_usyu6fEO_Weenie_Heads_NHOS.pdf

Please attach additional document here

https://fs30.formsite.com/jan1947/files/f-5-173-6653978_hm4AZo4c_The_Weenie_Heads_SPIA.pdf

Aggregator statement of accuracy

Sign your name using a mouse or, if you are using a touch-screen device, a stylus or other pointer.

Kan Jo

Print Name

Karen Tonnesen

Date Signed

04/27/2016

UNITIL ENERGY SYSTEMS, INC. hereinafter as "UNITIL" NH INTERCONNECTION STANDARDS FOR INVERTERS SIZED UP TO 100 KVA (Continued)

Simplified Process Interconnection Application and Service Agreement Contact Information: Date Prepared: 10/2/15 Legal Name and address of Interconnecting Customer (or, Company name, if appropriate) Customer or Company Name (print): the Ween'e Headstic Contact Person, if Company: SECONE DY IN State: Telephone (Daytime): 603-753-4455 Zip Code: (Evening): Facsimile Number: E-Mail Address: ACSOM DIN PIME Alternative Contact Information (e.g., system installation contractor or coordinating company, if appropriate): Mailing Address: State: Telephone (Daytime): 601-961-004 (Evening): Facsimile Number: E-Mail Address: Electrical Contractor Contact Information (if appropriate): Telephone: 603 Mailing Address: State: WL Facility Information: Address of Facility: State: Electric Service Company: UMTI Account Number: 1134471-1009 Meter Number: 150 Inverter Manufacturer:____ ENPHASE Model Name and Number: C 250 Nameplate Rating: 250 (kW) (kVA)__ (AC Volts) Single Vor Three System Design Capacity: 14000 (kw) If renewably fueled, will the account be Net Metered? Yes_____ Net Metering: Prime Mover: Photovoltaic Reciprocating Engine Turbine | Other Energy Source: Solar Wind Hydro Diesel Natural Gas Fuel Oil UL 1741.1 (IEEE 1547.1) Listed? Yes____No_ Other Estimated Install Date: Lore 100. Estimated In-Service Date: **Customer Signature** I hereby certify that, to the best of my knowledge, all of the information provided in this application is true and I agree to the Terms and Conditions on the following page: Interconnecting Customer Signature Title: OUNER Date: 10 Please attach any documentation provided by the inverter manufacturer describing the inverter's UL 1741 Approval to Install Facility (For Company use only) Installation of the Facility is approved contingent upon the terms and conditions of this Agreement and agreement to any system modifications, if required (Ane system modifications required? Yes ____No___To be determined Company Signature: Title: 1962 1757 Date: NAV 25 2018 Company walves inspection/Witness Test? Yes



Certificate of Completion for Interconnection

Installation Information:	
Customer or Company Name (min)	ner-installed
Customer or Company Name (print): The Ween's Hearts LLC	
The state of the s	
The state of the s	
Feering!: 603 - 753 - 4455 (Evening):	
Telephone (Daytime): 603 - 753 - 4455 (Evening): Facsimile Number: E-Mail Address: dr sam Q in film i	ebenth his
Address of Facility (if different from all	2011-1. 1512
Address of Facility (if different from above): City:	
City: State: Zip Code:	
Electrical Contractor's Name (15	
Electrical Contractor's Name (if appropriate):	
Mailing Address: City: Size Old Town Road Telephone (Daytime): Facsimile Number: Size Old Town Road Epsom, NH 03234 Boddieconstruction Communication Facsimile Number: License number: License number: Richard Boddie Page Old Town Road Epsom, NH 03234 Epsom, NH 03234	
State Old Town Road Zin Code: 92 Old To	Boddie
Boddieconstauctic Exemina): Epsom, NH 03234 Epsom, N	H 03234
Facsimile Number: 601-008i56fdress: Beddiecenstruct	en@gmail.com
Facsimile Number: 601-408i5600ress: License number: License # 107704 State: License #	3-5603
Date of approval to install Facility granted by the Company: Application ID number:	_
Inspection:	
The custom has been a	
The system has been installed and inspected in compliance with the local Building/Electric	od Code of
& Boscowen - Merriman = 111	al Code of
(City/County/State) Merrimach = NH	
Signed (Local Electrical Wiring Inspector, or attach signed electrical inspection): Kell. Name (printed):	
Name (printed): Kell	EASLER
printed).	
Date: 12/2/15	
As a condition of interconnection you are required to send a copy of this form along with a electrical permit to Unitil at the following address:	copy of the signed
Unitil Corporation	
Attention: Generator Interconnections	
o Liberty Lane West	
Hampton, NH 03842	
Unitil Cortificate of Council in	
Unitil Certificate of Completion for Interconnection Form – Updated June 14, 2013	



TOWN OF BOSCAWEN CERTIFICATE OF COMPLETION

INSPECTIONS COMPLETED

Permit Number:		2015000162		Date:	12/01/2015
Map: _	00183D	Lot:	000145	Sub Lot:	
This certifies	that: WEENIE HEAD	S.LIC			000000
at: 1 FISHER					
nas permissi	on to: OPERATE SO	LAR ARRAY			
he Building II Ioscawen bui	Contractor: <u>BOD</u> nspector of Boscawen Iding code as amende	DIE CONSTRUC , NH, hereby cer d, as far as inspe d	CTION Phone #: 603- tifies that the project ection can reasonably	-608-5603 License #: 10 which was constructed of determine.	0770 or modified under the

New Hampshire PUC REC Certification Application Owner Statements

The information provided on this application for New Hampshire Renewable Energy Certificate eligibility is accurate to the best of my knowledge and I authorize Knollwood Energy to act on my behalf in filing said application.

The project described in this application will meet the metering requirements of PUC 2506 including:

Electricity generation in megawatt hours shall be reported to the GIS quarterly with a statement that the submission is accurate by the owner of the source, the independent monitor, or a designated representative.

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The meter shall be maintained according to the manufacturer's recommendations.

The project is installed and operating in conformance with applicable building codes.

A copy of the facility's interconnection agreement is attached.

Hulya Celebi Ayan

Printed Name of signature owner

Signature of system owner